



FREDERICK HERMAN VERHOEFF

Retirement of Dr. Verhoeff from the Howe Laboratory of Ophthalmology

Dr. Frederick Herman Verhoeff, Professor of Ophthalmic Research and Director of the Howe Laboratory of Ophthalmology, has by retirement terminated his 40 years of service at the Harvard Medical School. Dr. Verhoeff was born in Louisville, Kentucky, on July 9, 1874. His degrees are Ph.B., Yale, 1895; M.D., Johns Hopkins, 1899; M.A., Harvard, 1902. His first position with the Harvard Medical School was as Assistant in Pathology in 1900; he was successively appointed Instructor in Ophthalmic Pathology, 1907; Assistant Professor of Ophthalmic Research, 1916; Assistant Professor of Ophthalmology, 1921; Professor of Ophthalmic Research, 1924; Scientific Director of the Howe Laboratory, 1931; and Director of the Howe Laboratory, 1932. His hospital appointments began as an extern at Johns Hopkins Hospital in 1899. The following year he came to Boston as Pathologist at the Massachusetts Eye and Ear Infirmary and was made successively Assistant Ophthalmic Surgeon, 1905; Ophthalmic Surgeon, 1913; the first Chief of Ophthalmic Research in 1925; and consulting Chief of Ophthalmology, 1932.

He received the Knapp medal in 1922 for his work on "Glioma of the Optic Nerve"; the Ophthalmic Research Medal of the American Medical Association in 1930 for "his valuable contributions to the Science of Ophthalmology"; and the Howe Medal in 1932 for "his distinguished service to ophthalmology."

He has been president of the New England Ophthalmological Society, chairman of the Ophthalmological Section of the American Medical Association, and as recently as two years ago president of the American Ophthalmological Society.

Never restricting himself to a narrow

field, Dr. Verhoeff has contributed articles of outstanding importance to almost every branch of ophthalmic literature. His publication rate since 1899 has been steady at about 50 articles per decade. It would be impracticable to discuss here anything like a representative number of his contributions which deal with surgery, therapeutics, pathology, refraction, physiological optics and instrumentation. There are, however, a few particularly noteworthy items which we might mention at this time. Verhoeff was the first to suggest the modern treatment of separated retina by electrolysis. He did this in 1917, two years before Gonin's now famous report on treatment by thermocauterization. We mention this first, not because it is more important than his other contributions, but because it is a fact not generally recognized. Other contributions of considerable clinical moment are his pathologic studies on retinitis pigmentosa, his discovery of the leptothrix as the cause of Parinaud's conjunctivitis, his work on lens hypersensitivity as an occasional cause of post-operative endophthalmitis and his refinements of operative technique. The views advanced in his "Theory of Binocular Perspective," written in 1902, have gained general acceptance only during the past decade, while his "New Theory of Binocular Vision," published in 1935, is as yet understood by very few.

His views concerning more general problems are as unorthodox as his positions on scientific problems. Thus, concerning the training of ophthalmologists he has said, "I feel strongly that the students should be discouraged from accepting internships in general hospitals". In his 1933 Chairman's Address to the Section on Ophthalmology of the American Medical Association he said, "It seems to me an

open question whether or not the licensing of physicians is in the best interests of the public".

As for the man himself, his outstanding characteristics are great ability and originality, tremendous intellectual honesty, utter disregard of unsupported authority, and brutal frankness. These characteristics combined with his constant attempts to impose his own rigorous standards on others have greatly benefited ophthalmic research of the present generation but have antagonized some of his own colleagues, while winning the admiration of men such as Fuchs and de Schweinitz. And indeed, Verhoeff is one of the few American oph-

thalmologists widely recognized abroad.

A small man in physical stature only, Dr. Verhoeff, vigorous, profane, sarcastic, intolerant of ignorance, so unorthodox as to be almost alone, has plowed and butted his way to the top of his chosen field of endeavor. Every step of this advance has been gained by the sheer weight of his ability; the word diplomacy is not in his dictionary. At present it may be said of Verhoeff, as it has been said of Malus, "It has fallen to the lot of few to enrich our science with so many new and striking discoveries."

ELEK J. LUDVIGH, 2ND.,

Instructor in Ophthalmic Research.

Adolescent Study Unit at Phillips Academy, Andover

J. Roswell Gallagher, M.D.

Twenty years ago few if any preparatory schools had medical services which were designed to promote student health and to prevent or treat illness in the student body. During the past few years, however, several preparatory schools have built and adequately equipped small hospitals for the care of incapacitated students, and have maintained a staff of physicians and nurses whose duty it is to care for student health. It was inevitable that those who were given the responsibility of caring for these students would become increasingly aware of how little was known of either the physiology or pathology of adolescence, and how undesirable it was to attempt to treat this age group as one does either younger children or adults: their postures had been judged good when compared to a child's, or bad, when compared to the college student's; their basal metabolic rates had been thought of in terms of standards for adults; their anxieties, if considered at all, had been passed off as "an adolescent problem"; their albuminuria had been regarded as

though it were associated with the processes of senescence; and innumerable other clinical and laboratory data had been treated as though they were the relatively stable data of adulthood rather than observations on an individual in a state of rapid growth and complex interrelated physiological change. A lack of knowledge about this age group was, and still is, both disheartening and understandable; its problems seem very important to those of us who work in this field, and although it is easy to see why many of the problems of pediatrics and adult medicine have received more attention, yet our ignorance makes it difficult to arrive at satisfactory methods of handling problems which constantly recur, and the annoying over-supply of misinformation accepted as fact has made progress ever more difficult. One is still looked upon with some suspicion if he refuses to believe that a problem is solved when the discovery is made that the sufferer or malcontent is an only child or the offspring of divorced parents; or if he suggests that a constipa-

tion regime, which has been recommended for the mother by the best metropolitan physician, is not at all desirable for Sam; or if he dares say that all Tom's scholastic troubles are not to be explained by his basal metabolic rate of -20% ; and to suggest that vitamins to cure this or prevent that, or tonics to make him eat and grow fat, or glandular extracts to make him thin, are not necessarily desirable, is to court the charges of therapeutic nihilism and downright indifference to what "everyone" knows is right.

We who have to deal with adolescents and their parents are, in fact, rarely accused of nihilism or indifference, but we have, it seems, too often the opportunity of confessing great ignorance. In the past few years, however, in several institutions attempts have been made to attack methodically and to evaluate many of the problems of this age group, and it is reasonable to expect that before many years we will be better able to answer with confidence the queries which arise. At Andover in the autumn of 1938 the work of the Health Department's Adolescent Study Unit was begun and it is hoped that its investigation will offer promise of results which will insure its continuance for many years. This unit broadly defines its purpose as that of investigating various medical, physiological, psychological, anthropological and sociological features of adolescence; to determine normal values and usual ranges for some of the data; to explore relationships between various parts of the data; to seek the factors of academic and social success (by that we mean a satisfactory way of living) and good health in this environment. We have tried so to design our procedures that we might investigate the factors which perpetuate normality in the individual in spite of trauma, as well as to determine the factors associated with abnormality, and throughout our investigation we are attempting to utilize our observations for the benefit of each student, and to avoid an approach whose interest would appear to be associated only with the collection of data for

future reports. It is perhaps inevitable that we have already come to consider some parts of our investigation as separate studies, but it is entirely reasonable to regard each part as a unit in a thorough and extensive examination and appraisal of each student; and certainly, unless each part does fit into such a concept, it will be difficult to justify its inclusion in an investigation which is designed primarily better to understand that individual.

As we briefly review some of the lines of investigation which we have followed, it will be evident how intimately they are allied to each other. As in any medical study, the first data collected were the past history of the individual, his previous illnesses, his injuries, his operations, the frequency of upper respiratory tract infections, his general health. This sort of information was obtained from the parents, and the family physician was asked for comments. It is valuable, not only as statistical material regarding the incidence of certain operations and illnesses at these socio-economic levels, but also in helping to judge which individuals fall at the extremes of health, and in an attempt to determine the relationship between various illnesses and other parts of the data.

The medical examination, which is actually supplemented by the procedures which we shall subsequently describe, is designed to determine the nutritional status of the student, his vision, hearing, the state of his upper respiratory tract, heart, lungs, skin, etc. We are particularly interested in the blood pressure ranges, the frequency and character of albuminuria, and incidence of such abnormalities as color blindness, supernumerary nipples, and types of incipient deafness. It is surprising how often such significant abnormalities as refractive errors of vision, diseased tonsils, undescended testes, herinae and hammer toes are found in such a group; and it is often true, that many of these disorders, which can and should be corrected, have been passed over previously, and such findings as albuminuria, "hypertension," and "mur-

murs," have received the attention which they merit were they discovered in an adult.

At the time we began our study there was some question as to the value of including a complete dental examination, for it seemed likely that previous dental care would have left little for us to recommend; this has not been the case however, and in addition to providing some material for the intriguing and baffling study of caries, our survey has permitted us to suggest treatment of an unexpectedly large number of conditions, such as retained roots, impacted molars and malocclusion, as well as caries. As a survey of a group of adolescents of this socio-economic level, and for the advice it allows us to give, this dental investigation justifies itself; but we hope, also, that by a yearly manual and x-ray re-examination of this group, and by special study of those individuals who fall at the extremes of caries susceptibility, that we can make some contribution to the caries problem.

The average parent is often more concerned with posture than with any other aspect of the young hopeful; it is remarkable how many parents will blithely ignore the lad's embarrassment as they discourse on his round shoulders, his stoop and slouch, and yet pass over as something of little significance such conditions as acne, diseased tonsils, or their own relationship to the boy. We have found that almost all youngsters are glad to have the opportunity to learn how to control their muscles so that they may stand properly, and that they are stimulated to do this by seeing how they appear in a photograph, even though they may soon relax into the extraordinary poses which seem more usual at their age. We have taken our photographs in a method that allows us to obtain numerical values for the degree of neck obliquity, kyphosis, and lordosis, and the students are also graded in these same respects in a subjective manner by a physician. Occasionally one hears the comment that these photographs are of little value because the posture is an unnatural one, that the boy will "fake" a good pos-

ture; a little experience with the techniques will convince one that the average student who tries to alter his posture will assume a pose that is nothing if not bizarre, and that it is only after the type of physical education which he should be given that a student can deliberately assume a position which is satisfactory. The value of the photograph as a source of incentive to the individual and as a record of his development is obvious.

We have included in our examination a determination of the basal metabolic rate, because we feel we have a unique opportunity to evaluate for ourselves various assertions made as to the validity and significance of these tests, to explore the difficulties in its calculation, and to investigate its variability. It is certainly fair to state that this test is often interpreted in terms suited to determinations made on adults, and therapy is instituted and conclusions drawn which too often seem ill-suited to adolescents.

In the field of electro-encephalography at present we shall be content if we can determine the type and the direction of change in the electro-encephalographic pattern of the normal adolescent at successive age levels. When our collaborators in this field have derived standards for this age group, we hope to be able to assist them in other projects which promise to be valuable.

The problem of "age" itself presents difficulties; we may have some success in solving it by utilizing, not only the individual's chronological age, but also his skeletal age, which is based on a comparison of the hand-wrist x-rays with Todd's standards. It seems likely that some of the errors which are inherent in such data may be avoided by referring our results to ages based on stage of development rather than year of life; at all events, we are assigning to each student each year a skeletal age, and one of my collaborators is in addition grouping him as to degree of maturity on the basis of various characteristics.

These, in general, have been the medical observations which we have made in an effort more thoroughly to know each boy. For the sake of brevity I have mentioned

only casually, or not at all, our interest in urinary findings, in acne, in the audiograms, the lung x-ray. Perhaps more should be said of our heart x-rays and our interest in the association of heart size and shape with body build and measurement, but that feature of our study is not of immediate benefit to the individual. However, in addition to these medical data, we have obtained other information in order to get a more complete picture of the individual; these additional data fall chiefly in the fields of anthropology and psychology. The anthropological data include such items as racial stock, morphological characteristics, anatomical measurements and indices, and classification of each student into such groups as the tall-thin, short-heavy, etc. Our psychological data consist of studies of yearly grades at school, the scores on various intelligence tests, reading tests, responses to a personality inventory, answers from the housemaster and athletic coach in regard to the emotional stability, aggressiveness, sociability, (which are of value not only for their content but, also, in drawing these collaborators' attention to those aspects of their charges), and material from an interview with a physician, which covers social and economic data, the student's attitudes, habits, hobbies, friends, hopes, plans and anxieties. At first glance these latter data may seem too extensive; unfortunately they are far from adequate and there is much more which we should know and must know: the relative ability of the individual to learn by eye and ear; the degree and presence of any special ability; the variability and character of his "drive".

These then are some of the techniques which we have been employing for studying our group of adolescents; obviously our efforts are fumbling, some of our methods discouragingly inaccurate, our data notable not for their completeness but for their deficiencies, but we have felt it worthwhile reviewing so that others who may have the opportunity of making a similar study or have an interest in these problems may prof-

it by or criticize our methods. I hope, however, that such a review of our methods has not obscured the *raison d'être* of our whole enterprise: the attempt better to know each individual and to obtain material which will allow one better and more confidently to advise him and his successors. These tests and examinations and observations are only tools which may allow us to help to frame an integrated personality, to advise ways to physical and mental health, and to permit us to guide some few individuals away from mental or physical disaster and toward a more suitable and healthful way of life.

In general, the problems associated with the maintenance or improvement of adolescent physical health are well-recognized even if not solved, and I do not propose to discuss them here, but the problems of mental health, as serious, and at least as formidable numerically, still have to fight for recognition, understanding, and sympathy. The inhibitions, frustrations, traditions and prejudices to which the adolescent is subjected from birth are so numerous and so influential that some of us seem to have given up all attempts either to control them or to compensate for them, and it is surely true that in our group we find many who have been so moulded by them that any beneficial change seems at times impossible. However, the anxieties and fears and somatic complaints, many of which undoubtedly develop from an underestimation of the force of the drives of infancy and childhood and a too aggressive early bending of them to the ways of civilization, may if they and the environment are properly understood, be so handled that a satisfactory adjustment will result. On the other hand, should the individual be subjected to further frustrations, defeats, and persecutions, as may easily occur in our highly competitive society, we may soon have on our hands a person of mental unbalance: a fanatic seeking revenge, a hypochondriac seeking physicians, a recluse seeking solitude. In part, our project is one of mental hygiene: it is not an attempt to design or promote one way of life for all adolescents: it is not

a program which neglects the necessity of making changes in the present environment; and it is not, I hope, one which reflects the frustrations and defeats of those who presume to direct it. We do especially hope, however, to help our adolescents to be sane people, to be healthy, to be socially-minded, to give expression to their hopes and abilities, and to avoid losing their enthusiasm. We recognize that not one school, nor one way of education, and often not any type of academic education, and not any one way of life can ever be best for all individuals, and that only those procedures—be they academic or not—which prepare an individual for that life calculated to develop and utilize his personality, is truly educative.

When one becomes concerned with the stresses which the usual educational system puts on an individual, and interested in the effects of striving for popularity, of unhappiness in the home situation, of feelings of insecurity and dependence, of uncertainties about sex, and adds to them the thoughtlessness and small cruelties of his contemporaries, one is surprised that the incidence of gross maladjustment is not greater in this

age group. The majority of students, no matter how many or how great all these stresses, maintain an outward appearance of mental health but, even in these, we hesitate to consider the resentments that may appear as unfortunate aggressiveness and reprisals later. It is heartening, however, to find that what seem to be only slight adjustments in their plans or attitudes or situations may be of great benefit.

It is toward an understanding of these problems of mental and physical health that our project is directed. We are particularly fortunate in that some of our students will go on to Harvard, where Dr. Bock, and his associates in the Grant Study, will have an opportunity to aid them and follow their further development; perhaps soon other universities will also carry on in a methodical way similar work. If we do nothing more, perhaps we should be satisfied if we have helped to keep the attention of more educators directed more toward programs which consider the physical well-being of the individual student and the development in him of his special abilities and of a well-integrated and socially desirable personality of paramount importance.

John Lovett Morse

Memorial on the death of John Lovett Morse spread on the Records of the Faculty of Medicine, May 3, 1940.

John Lovett Morse, A.B., A.M., M.D., died April 3, 1940. He was born in Taunton, Massachusetts, April 21, 1865. He graduated from Harvard College and Medical School, receiving the degrees of Master of Arts and Doctor of Medicine in 1891.

After an internship at the Boston City Hospital and service with the Boston Dispensary, the Lying-in Hospital, the Carney Hospital, and the Children's Hospital, he was appointed in 1896 Assistant in Medicine at the Harvard Medical School. Four years later he transferred to the Department of Pediatrics. He rose rapidly through the various grades in the Faculty, becoming Professor in 1915, and Professor Emeritus in 1921.

He was Physician-in-Chief at the Children's and Infants' Hospital during the period of his active professorship, and Consulting Pediatrician to numerous other hospitals. He held membership in the State and National Medical Societies, the American Pediatric Society, and the Academy of Pediatrics. He served as President in the last two. Certificate Number One of the American Board of Pediatrics was issued to him and he was an official examiner for the Board up to the time of his death.

Dr. Morse wrote extensively on pediatric subjects—largely clinical articles—and two books, "Case Histories in Pediatrics" and "Clinical Pediatrics." He was a teacher of rare ability, presenting his subject clearly, forcefully, and often with dry humor. He excelled at the bedside in demonstration of accurate observation, logical thinking, and definite conclusion. He was painstaking in application of all techniques and called upon his own experience and that of others, as recorded in the literature, to focus atten-

tion upon the details of diagnosis and treatment. He was a hard worker and allowed himself little free time for relaxation during the school year or when he was on active service in the hospital. His standards were high and he expected the same kind of devotion from his associates as he practised himself. To him, anything worth doing at all was worth doing well. His admonitions were not withheld if he felt that internes or assistants needed discipline, but he was never unkind nor unjust. For many years he was one of the outstanding teachers of Pediatrics in this country and his influence upon pediatric thought and practice during that time is hard to overestimate.

Dr. Morse was a practitioner as well as a teacher. Until 1915 he had a large family practice. He gave to this the same painstaking care which characterized his teaching and hospital work. He was much sought after as a consultant throughout New England.

An outstanding characteristic of Dr. Morse was his willingness at all times to express his opinions and prejudices when important matters were under discussion in committee meetings and in the Faculty. He never sailed under false colors. Courageous and purposeful, he was never intimidated by opposition. He never resorted to indirect methods in the pursuit of his objectives and took success or defeat with equanimity. His chief contribution to the Medical School was as a teacher of good pediatric practice. He was loyal to friends, a fair antagonist, a wise physician.

The Faculty of Medicine records its grateful appreciation of his long and distinguished service.

KENNETH D. BLACKFAN
S. BURT WOLBACH
RICHARD M. SMITH

List of Hospital Interneships, Class of 1940

<i>Name</i>	<i>Hospital</i>	<i>Service</i>	<i>Dates</i>
Albright, E. C.	Mass. General, Boston	Medical	July '40-Aug. '42
Allanson, J. C.	Boston City, Boston	V Surgical	July '40-Nov. '42
Allen, S. T., Jr.	Hartford, Hartford, Conn.	Rotating	July '40-July '42
Arnot, R. E.	Bellevue, New York	II Medical	Jan. '41-Jan. '43
Bacon, W. B.	Peter Bent Brigham, Boston	Surgical	Sept. '40-Feb. '43
Bartter, F. C.	Roosevelt, New York	Medical	Jan. '41-Jan. '43
Bell, J. W.	Toledo, Toledo, Ohio	Rotating	July '40-July '41
Berger, A. J.	Bellevue, New York	II Medical	July '40-July '41
Bick, M. W.	Jewish, Brooklyn, New York	Rotating	July '40-July '42
Blanchard, R. S.	Queen's, Honolulu, Hawaii	Rotating	Apr. '41-Nov. '42
Boguniecki, S. J.	Meriden, Meriden, Conn.	Rotating	July '40-July '41
Boone, E. W.	Lankenau, Philadelphia, Pa.	Rotating	July '40-July '42
Bosher, L. H., Jr.	Bellevue, New York	IV Surgical	July '40-Sept. '41
Bradley, R. H., Jr.	Roosevelt, New York	Surgical	Jan. '41-Jan. '44
Brand, R. W.	Grasslands, Westchester County, N. Y.	Rotating	July '40-July '42
Brenizer, A. G., Jr.	Mass. General, Boston	Surgical	May '41-May '42
Brougham, M. F.	Faulkner, Jamaica Plain, Mass.	Rotating	June '40-June '41
Brown, T.	Montreal General, Montreal, Canada	Pathology	July '40-Feb. '41
	Boston City, Boston	V Surgical	Mar. '41-July '43
Butman, D. E.	Mary Hitchcock, Hanover, N. H.	Rotating	Oct. '40-Apr. '42
Caddick, R. P.	Geisinger Mem'l, Danville, Pa.	Rotating	July '40-July '41
Chandler, C. F.	New York, New York	Surgical	July '40-July '41
Chisholm, T. C.	Children's, Boston	Pathology	Aug. '40-Apr. '41
	Peter Bent Brigham & Children's	Surgical	May '41-Nov. '43
Dafoe, W. A.	Faulkner, Jamaica Plain, Mass.	Mixed	June '40-June '41
David, F. C.	Boston City, Boston	III Surgical	July '40-July '42
Davis, B. D.	Johns Hopkins, Baltimore, Md.	Medical	July '40-July '41
Deming, A. S.	Hartford, Hartford, Conn.	Rotating	July '40-July '42
Deming, E. G.	Henry Ford, Detroit, Mich.	Rotating (Surg. major)	Sept. '40-Sept. '41
Dupler, D. A.	Graduate Hospital of Univ. of Pa., Phila.	Rotating	July '40-July '42
Eliel, L. P.	Mass. General, Boston	Medical	July '40-Aug. '42
Elmore, S. E., Jr.	Charity, New Orleans, La.	1 yr. Rotating	
		1 yr. Straight	July '40-July '42
Evans, L. R.	House of Good Samaritan, Boston	Medical	July '40-Oct. '40
	Peter Bent Brigham, Boston	Medical	Feb. '41-Nov. '42
Farrington, R. F.	Boston City, Boston	IV Medical	Jan. '40-July '41
Fite, F. K.	Worcester City, Worcester, Mass.	Pathology	July '40-July '41
Fleck, S.	Beth Israel, Boston	Medical	Sept. '40-Mar. '42
Ford, R.	Boston City, Boston	IV Surgical	Mar. '41-July '43
Fransen, E. F.	Springfield, Springfield, Mass.	Rotating	July '40-Jan. '42
Gephart, F. T.	Mass. General, Boston	Surgical	Jan. '41-Jan. '42
German, B.	Johns Hopkins, Baltimore, Md.	Pediatrics	July '40-July '41
Good, P. G.	New Haven, New Haven, Conn.	Pediatrics	July '40-July '41
	{ House of Good Samaritan, Boston	Medical	Oct. '40-Dec. '40
Goodsell, C. H.	{ Lenox Hill, New York	Medical	Jan. '41-Jan. '43
	Peter Bent Brigham, Boston	Pathology	July '40-July '41
Goulder, N. E.	Johns Hopkins, Baltimore, Md.	Surgical	July '40-July '41
Graf, D. P.	Johns Hopkins, Baltimore, Md.	Ophthalmology	July '40-July '41
Grafton, E. G., Jr.	Univ. of Cal., San Francisco, Cal.	Surgical	July '40-July '41
Graham, J. B.	Henry Ford, Detroit, Mich.	Surg. & Rotating	Sept. '40-Sept. '41
Grant, M.	Presbyterian, New York	Medical	Feb. '41-Mar. '43
Greene, D. G.	Mary Imogene Bassett, Cooperstown, N. Y.	Rotating	July '40-July '42
Greene, W. A., Jr.	Strong Mem'l, Rochester, N. Y.	Surg., Gyn., & Obs.	July '40-July '42
Gunkler, W. A.	King County, Seattle, Wash.	Rotating	July '40-July '42
Hackedorn, H. M.	Ill. Research & Educational, Chicago, Ill.	Rotating	July '40-Mar. '42
Haseltine, C. P.	Boston City, Boston	III Surgical	July '40-Nov. '42
Hastings, N.			

<i>Name</i>	<i>Hospital</i>	<i>Service</i>	<i>Dates</i>
Hedblom, C. A.	Pennsylvania, Philadelphia, Pa.	Rotating	Sept. '40-Sept. '42
Herndon, C. H.	University, Cleveland, Ohio	Mixed - Surgical	June '40-June '42
Hickam, J. B.	Peter Bent Brigham, Boston	Medical	Oct. '40-Aug. '42
Hickey, W. F., Jr.	Boston City, Boston	V Surgical	Nov. '40-Mar. '43
Hill, W. T.	University, Cleveland, Ohio	Medical	June '40-June '42
Holmes, N. H.	University, Columbus, Ohio	Surgical	July '40-July '41
Howard, F. M.	St. Vincent, Worcester, Mass.	Rotating	Oct. '40-Jan. '42
Humphrey, I. L., Jr.	John Sealey, Galveston, Texas	Rotating	July '40-July '41
Hunter, T. H.	Presbyterian, New York	Medical	Feb. '41-Mar. '43
Kahn, A., Jr.	Michael Reese, Chicago, Ill.	Medical	Jan. '41-Jan. '42
Kearney, M. W., Jr.	St. Mary's, Brooklyn, N. Y.	Rotating	June '40-June '42
Kilham, L.	Lakeside, Cleveland, Ohio	Medical	Oct. '40-Feb. '42
Kingsland, L. C., Jr.	Children's, Boston	Pathology	Nov. '40-Nov. '41
Kurnick, N. B.	Mt. Sinai, New York	Rotating (Med. major)	Mar. '41-Mar. '43
Lally, J. E.	Lincoln, New York	Rotating	Nov. '40-Nov. '42
Lang, H. B.	Pittsburgh Medical Center, Pittsburgh, Pa.	Rotating	July '40-July '41
Larcom, R. C., Jr.	Mass. Memorial, Boston	Medical	July '40-Nov. '41
Latham, R. W.	Peter Bent Brigham, Boston	Medical	Feb. '41-Dec. '42
Lemon, H. M.	Billings, Chicago, Ill.	Medical	Oct. '40-Oct. '41
Leonard, F. C.	Peter Bent Brigham, Boston	Surgical	Mar. '41-Aug. '43
London, S. B.	Beth Israel, Boston	Medical	Apr. '40-Oct. '41
Lowrey, J. J.	Children's, Boston	Pathology	Aug. '40-Nov. '40
	Peter Bent Brigham & Children's	Surgical	Nov. '40-Apr. '43
Lytle, T. L.	Strong Mem'l, Rochester, N. Y.	Surge., Obs. & Gyn.	July '40-July '42
MacMillan, H. A., Jr.	Roosevelt, New York	Surgical	July '40-July '43
Malewitz, E. C.	Beth Israel, Boston	Medical	Dec. '40-June '42
Manheimer, L. H.	Beth Israel, Boston	Surgical	Feb. '41-Dec. '42
McCandless, C. M., Jr.	Tacoma General, Tacoma, Wash.	Rotating	July '40-July '41
McQueeney, A. J.	Philadelphia General, Phila., Pa.	Rotating	July '40-July '42
Meigs, J. W.	Pennsylvania, Philadelphia, Pa.	Rotating	Nov. '40-Nov. '42
Meilman, E.	Mt. Sinai, New York	Rotating	Nov. '40-Nov. '42
Meyer, R. R.	University, Minneapolis, Minn.	Medical	July '40-July '41
Millard, E. B., Jr.	Strong Mem'l, Rochester, N. Y.	Medical	July '40-July '41
Miller, E. S.	Peter Bent Brigham, Boston	Medical	Oct. '40-Aug. '42
Mills, H. H., II	Boston City, Boston	II Medical	July '40-Jan. '42
Mirken, A. S.	Kings County, Brooklyn, N. Y.	Medical Rotating	July '40-July '42
Mithoefer, J. H.	Cincinnati General, Cincinnati, Ohio	Rotating	July '40-July '41
Monagan, T. M.	St. Vincent's, New York	Rotating	July '40-Jan. '43
Moody, F. S.	Kings County, Brooklyn, N. Y.	Surgical	July '40-July '42
Morris, J. McL.	Mass. General, Boston	Surgical	Jan. '41-Jan. '42
Murphy, A. S.	Boston City, Boston	I Surgical	Nov. '40-Mar. '43
Myers, G. S.	Mass. General, Boston	Medical	Oct. '40-Nov. '42
Ohaneson, E. M.	Maine General, Portland, Me.	Rotating	July '40-Jan. '42
Palmer, E. J.	Portsmouth, Portsmouth, N. H.	General	July '40-
	Mass. Memorial, Boston	Surgical	Mar. '41-Mar. '43
Patterson, J. C.	Boston City, Boston	IV Surgical	July '40-July '42
Paull, T.	Boston City, Boston	III Surgical	Mar. '41-July '43
Pavlo, I. L.	Mt. Sinai, New York	II Medical	July '40-June '42
Perry, T., Jr.	Rhode Island, Providence, R. I.	Rotating	July '40-July '42
Pillsbury, P. L.	Mass. General, Boston	Medical	Jan. '41-Feb. '43
Porter, A.	Peter Bent Brigham, Boston	Surgical	July '40-Dec. '42
Potsabay, S. F., Jr.	Kings County, Brooklyn, N. Y.	Medical Rotating	July '40-July '42
Pratt, E. L.	Children's, Boston	Bact. & Path.	July '40-July '41
Prestley, W. F.	Hartford, Hartford, Conn.	Rotating	June '40-June '42
Randolph, R. H.	Boston City, Boston	Surgical	Nov. '40-Mar. '43
Rapoport, B.	Boston City, Boston	IV Medical	Oct. '40-Apr. '42
Reed, J. S.	Roosevelt, New York	Surgical	Jan. '41-Jan. '44
Remington, A. C., Jr.	Rochester General, Rochester, N. Y.	Rotating	July '40-July '42
Rizman, T. A.	Boston City, Boston	I Surgical	Mar. '41-July '43

<i>Name</i>	<i>Hospital</i>	<i>Service</i>	<i>Dates</i>
Robbins, F. C.	Children's, Boston	Bacteriology	Sept. '40-Sept. '41
Robinson, F. C.	Cape Cod, Hyannis, Mass.	Rotating	July '40-Mar. '41
	Worcester City, Worcester, Mass.	Rotating	Mar. '41-Mar. '43
Ryan, B. J.	Bellevue, New York	I Surgical	Jan. '41-Jan. '43
Sall, R. D.	Beth Israel, New York	Rotating	July '40-July '42
Santacross, N. L., Jr.	Children's, Boston	Pathology	June '40-Jan. '41
	Carney, Boston	Surgical	Jan. '41-Jan. '43
Saslow, G.	Boston City, Boston	Neurological Unit	July '40-July '41
Scannell, J. G.	Mass. General, Boston	Surgical	Sept. '40-Sept. '41
Seigle, S. P.	Bay City General, Bay City, Mich.	Medical	July '40-Mar. '41
	Mass. General, Boston	Medical	Apr. '41-May '43
Shapiro, R. R.	Beth Israel, Boston	Surgical	Nov. '40-Sept. '42
Shepard, B. M.	Bellevue, New York	I Medical	Jan. '41-Jan. '43
Sinish, K. W.	Springfield, Springfield, Mass.	Rotating	July '40-Jan. '42
Sorenson, C. W.	New York, New York	Medical	July '40-July '41
Stone, O. H.	Toledo, Toledo, Ohio	Rotating	July '40-July '41
Sweeny, D. N., Jr.	Mass. General, Boston	Surgical	Sept. '40-Sept. '41
Thompson, J. H.	Univ. of Calif., San Francisco, Calif.	Medical	July '40-July '41
Tighe, T. J. G.	Boston City, Boston	V Surgical	July '40-July '42
Timm, A. B., Jr.	Bellevue, New York	III Medical	Jan. '41-Jan. '42
Vander Laan, J. E.	U. of Chicago Clinics, Chicago, Ill.	Surgical	July '40-July '41
Walker, W. W.	University, Minneapolis, Minn.	Medical	July '40-July '41
Webster, A. G., II	Boston City, Boston	III Surgical	Nov. '40-Mar. '43
Webster, E. H.	Hartford, Hartford, Conn.	Rotating	July '40-July '42
Weller, T. H.	Children's, Boston	Bact. & Path.	Jan. '41-Jan. '42
Wells, S. M.	University, Minneapolis, Minn.	Medical	July '40-July '41
White, LeM.	Mass. General, Boston	Medical	Jan. '41-Feb. '43
White, W. A., Jr.	Methodist, Brooklyn, N. Y.	Rotating	July '40-July '42
Zooloomian, H. H.	Sayles Mem'l, Pawtucket, R. I.	Rotating	July '40-July '42

HARVARD MEDICAL APPOINTMENTS

Fourteen appointments on the Harvard Medical School faculty were announced by the University today, effective Sept. 1. The men and their new positions are:

William I. Clark, clinical professor of the practice of industrial medicine; Merrill S. Sosman, clinical professor of roentgenology; Chester M. Jones, '19, clinical professor of medicine; Foster S. Kellogg, '10, clinical professor of obstetrics; Richard M. Smith, '07, clinical professor of pediatrics and child hygiene; Maxwell Finland, '26, assistant professor of medicine; William R. Ohler, '14, assistant professor of medicine; Max Ritvo, '22, assistant professor of roentgenology; William T. Green, assistant professor of orthopaedic surgery; Moses H.

Lurie, '17, assistant professor of otology; Vally Menkin, '28, assistant professor of pathology; Francis M. Rackemann, '12, lecturer on medicine; Jacob H. Swartz, associate in dermatology, and Thomas H. Ham, associate in medicine.

The appointments of Dr. Smith and Dr. Green are also effective in the Harvard School of Public Health.

DR. GREEN APPOINTED

William T. Green of the Harvard Medical School has been appointed director of the aftercare clinic of the Harvard Infantile Paralysis Commission for next year the university announced recently. Dr. Green has been a member of the Medical School staff since 1934.

FRANCIS GILMAN BLAKE, '13

Francis G. Blake, '13, physician-in-chief and chairman of the medical board of the New Haven Hospital, and Sterling professor of medicine in Yale University, will become acting dean of the Yale School of Medicine July 1, when Dr. Stanhope Bayne-Jones is to retire from the deanship, President Seymour announced recently.

Dr. Blake, a graduate of Dartmouth in 1908 and the Harvard Medical School in 1913, has been prominently associated with many important developments in medical education, medical research and administration. He joined the Yale medical faculty in 1921 and has had a strong influence upon the modern growth of the school. His research has contributed to the treatment of scarlet fever with antitoxin and to the treatment of pneumonia with serums and with sulfapyridine and its related compounds.

He is chairman of the Medical Fellowship Board of the National Research Council, a regent of the American College of Physicians, a member of the Association of American Physicians, the Harvey Society and the Connecticut Academy of Arts and Sciences, and a fellow of the American Medical Association.

LOST MAIL

Several people have notified this office of checks sent in response to the appeals for funds which have never been cashed. On investigating this we found that a number of letters sent to other departments of the Medical School during January were never received. We have notified the Post Office and put tracers on any letters which we know about. If you have sent us a check which has not been cashed or a notice for the BULLETIN which has not been published we would appreciate hearing from you.

MARSHALL K. BARTLETT, M.D.
Treasurer.

HARVARD MEDICAL SOCIETY OF
NEW YORK

At a meeting of the Harvard Medical Society of New York held at the Harvard Club, May 8, 1940, the officers for the ensuing year were elected as follows: William Lewis, '26, President; Karl M. Bowman, Fac., Vice-President; Charles H. Finke, '30, Treasurer; James F. Faulkner, '13, Secretary.

Fourteen Harvard Medical School fellowships for the 1940-41 academic year, totalling \$8,650, have been announced by the University, as follows:

Edward Hickling Bradford fellowship to Walter R. MacLaren, '38, of Williamstown, Mass.

John White Browne fellowship to Samuel Lewis, of Rosedale, N. Y.; D.M.D. Harvard '35.

William O. Moseley, Jr. travelling fellowship to Paul C. Zamecnik, of Cleveland, O.; M.D. Harvard '36.

Jeffrey Richardson fellowship to Sinclair H. Armstrong, Jr., of New York, N. Y.; M.D. Harvard '37.

Whitman fellowship and Dr. William Hunter Workman fellowship to Nathan B. Talbot, of Brookline, Mass.; M.D. Harvard '36.

Dr. William Hunter Workman fellowship to Nathaniel B. Kurnick, 4M., of Brooklyn, N. Y.

James Jackson Cabot fellowship to Hubert W. Smith, 3M., of Dallas, Tex.

DeLamar student research fellowships to William R. Christensen, 2M., of Salt Lake City, Utah; Henry S. Fuller, 3M., of Washington, D. C.; John W. Kirklin, 2M., of Rochester, Minn.; and Irving M. London, 1M., of Malden, Mass.

Charles Eliot Ware memorial fellowship to Herbert R. Morgan, 2M., of Bell, Calif.

George Cheyne Shattuck memorial fellowship to Thomas H. Weller, 4M., of Ann Arbor, Mich.

John Ware memorial fellowship to Joseph M. Foley, 3M., of Dorchester, Mass.

ASSOCIATION OFFICERS

Lincoln Davis, *President*
 Lawrence K. Lunt, *Vice-president*
 Clark W. Heath, *Secretary*
 Marshall K. Bartlett, *Treasurer*

COUNCILLORS

R. E. Alt	F. C. Newton
F. S. Hopkins	W. R. Ohler
D. Merrill	E. L. Peirson
R. N. Nye	C. L. Short
G. W. Taylor	

EDITOR

Clark W. Heath

BUSINESS MANAGER

Marshall K. Bartlett

Mrs. K. B. Wilson, Secretary
Room 108, Harvard Medical School
Boston, Mass.

EDITORIALS

It has been the policy of the *Bulletin* to publish articles mainly concerned with general fields of medical endeavor, progress in medical education, and ideas which are ordinarily out of the scope of the usual scientific journal. Dr. Gallagher's subject in this issue, "The Adolescent Study Unit at Phillips Academy Andover" is of this type. It may be many years before the completed product of this work reaches the ears of physicians through ordinary channels. Important and timely as it is, this remarkable endeavor should be brought to the attention of physicians.

In the June, 1939, issue of the *Bulletin*, Dr. Joseph Garland outlined the particular problems with which adolescence confronts the pediatrician. Dr. Gallagher's viewpoint is that of the physician in charge of student health. Adolescence appears to have been nobody's business; neither the pediatrician's nor the internist's. The pediatrician views it as a growing-out-of-childhood, the internist as a growing-into-adulthood. Many have assumed it to be a happy, carefree time. But that it is a time when one may be

beset by great perplexities, often out of proportion to their true nature, or by self-created problems or by the results of ill-judged self-guidance, the experience of the school physician can show abundantly. The man of middle-age, who has been tried by innumerable tests of his sufficiency and has been found not wanting, may have forgotten this period of his life when his abilities relative to those of others were uncertain. Dr. Garland pointed out six attentions which youth needs from its parents. Dr. Arlie V. Bock has said that youth needs "more do's and fewer don'ts". Dr. Gallagher has been heartened "to find that what seem to be only slight adjustments in their plans or attitudes or situations may be of great benefit". Regardless of how one may feel as to methods and effects of guiding youth, one must feel that the attainment of better understanding of youth is a goal worth seeking. That the Andover Study is not searching within the relatively narrow field of strictly mental hygiene is a fact worthy of emphasis.

*Nominations of New Officers and
 Councillors*

This spring marks the end of the three year term of office of the President, Vice-President, Secretary, Treasurer and of three councillors of the Harvard Medical Alumni Association. A nominating committee composed of Robert Nye, chairman, Grantley W. Taylor, and W. Richard Ohler have proposed names for new officers and councillors which have been approved by the Council meeting on May 15, 1940. These names will be voted upon at the Annual Meeting on June 12, 1940. They are as follows:

President: Leslie L. Bigelow, '06, of Columbus, Ohio.

Vice-President: Reginald Fitz, '09, of Boston.

Secretary: Clark W. Heath, '26, of Boston.

Treasurer: Marshall K. Bartlett, '28, of Boston.

Councillors: Marius N. Smith-Petersen, '14; Thomas H. Lanman, '16; Grantley W. Taylor, '22.

As explained in the *Bulletin* of April, 1940, an amendment to the Constitution providing for the annual election of a President will be voted upon at the Annual Meeting. When possible annual meetings will hereafter be held at the times of the Annual Sessions of the American Medical Association. These changes are a part of the plans of the Council to give the Association a broad national scope and make it of wider interest to alumni. The position of President of the Association is an honored one and by no means simply an honorary one. It will be held annually by prominent men chosen from the country at large, who will have the opportunity to take an active part in the affairs of the Alumni and increase the beneficial influences of the Association. It is hoped that the Association will thereby acquire the growing cooperation of all alumni.

ANNUAL MEETING AND DINNER

Alumni are again urged to attend the Annual Meeting and Dinner of the Association to be held at the Harvard Club of New York at 7.15 on the evening of Wednesday, June 12. Return cards have been sent to all alumni (about 5,000). It is important to have as many as know that they can attend return these cards early. We would very much appreciate having your check (\$3.50) so that we may notify the Harvard Club of the number expected and do as much of the work as is possible from this office. Mrs. Wilson, the secretary to the Association, will be on hand at the Registration headquarters of the American Medical Association in New York on Monday, Tuesday and Wednesday. The speakers at the dinner will be James B. Conant, C. Sidney Burwell, Lincoln Davis and Cornelius P. Rhoads.

THIRTY-FIFTH REUNION

The class of 1905 will hold a dinner on Tuesday, June 18 at the Harvard Club of Boston.

TWENTY-FIFTH REUNION

The Twenty-fifth Reunion of the class of 1915 will take place on Friday and Saturday, June 14 and 15. The principal features of the reunion will be as follows:

June 14, 9.15 A. M. Meeting at Harvard Medical School Faculty Rooms. The speakers will be: President Conant, President Emeritus Lowell, Dean Burwell, Walter B. Cannon and Cecil Drinker. Brief business meeting.

12 noon. Luncheon at Vanderbilt Hall.

Afternoon. Class outing at Hoosic-Whisick Club, Canton, Massachusetts. (Bring golf, tennis, or any other equipment as desired for outdoor fun).

7 P. M. Class Banquet at the Hoosic-Whisick Club. Harold Thomas will tell about his experiences in China.

(There will be entertainment for class wives, the time and place to be announced later. Mrs. Horace K. Sowles is chairman of the wives committee).

June 15, 10 A. M. Visits to the Boston Hospitals.

1 P. M. Class luncheon with wives at the Faculty Club of the Harvard Business School.

Afternoon. Garden party at the home of Dr. and Mrs. Arlie V. Bock in Harvard, Massachusetts.

8.30 P. M. Pop Concert at Symphony Hall, Boston.

FIFTEENTH REUNION

A dinner will be held on Tuesday, June 11 at the Harvard Club of New York. Francis P. Twinem has been appointed chairman of the Arrangements Committee.

TENTH REUNION

There will be a meeting of the class in the Faculty Room, Harvard Medical School at 10 o'clock on Saturday morning, June 15, at which Dr. Burwell and Dr. Weiss will speak. The class dinner will be held at the Harvard Club, June 15, at 8 P. M.

Frederick Fuller Russell, M.D. Sc.D.

James H. Means, '11

(ED.—The following remarks were made by Dr. Means in presenting the Kober Medal of the Association of American Physicians to Dr. Frederick Fuller Russell at Atlantic City, May 8, 1940.)

Frederick Fuller Russell, Doctor of Medicine, Doctor of Science; late Colonel Medical Corps, U. S. Army, Brigadier General in its Officers Reserve Corps, Distinguished Service Medalist: for some reason best known to himself, the President of this Association has detailed me, most willing but inadequate, to the pleasant duty of presenting to you the George M. Kober Medal for 1940.

As you well know, this Association was very dear to Dr. Kober's heart. Its ideals he cherished, and as an earnest thereto, in 1924, he established this medal, which you are about to receive, to be awarded each year to a member of the Association who has "contributed to the progress and achievement of the medical sciences or preventive medicine."

I can think of nothing that would gratify Dr. Kober more than that you, a fellow officer of the regular army medical corps, should be chosen to receive his medal.

Your qualifications hardly need expounding, nor does the time available this morning permit of even the summary of the fruits of a fertile professional life beginning in the far off nineties and still going strong today.

Mr. President, Members of the Association and Guests: I can but draw your attention to a few high-lights.

Our distinguished colleague received his degree of M.D. from Columbia in 1893. He was commissioned in the U. S. Army Medical Corps at the outbreak of the Spanish-American War in 1898. He served through that war and up to, and through the World War. He perfected, and introduced into the army in 1909, vaccination against typhoid fever. He fought the plague in Puerto Rico in 1911. He directed, in turn, the army Medical Museum,

the Board of Health Laboratory in Ancon, Canal Zone, and, during the World War, the Division of Infectious Diseases and Laboratory Services of the Surgeon General's Office. He has taught his subjects in the Army Medical School, in George Washington University, in the New York Post Graduate Medical School and at Harvard.

Retiring from the Army in 1920, he joined the International Health Board of the Rockefeller Foundation as Director of its Public Health Laboratory Service, and in 1923 became Director of the Board, serving in this capacity until 1935. Dr. Russell's great contribution lay in the organization and promotion of the Board's world wide work, especially on malaria and yellow fever.

There had been utter lack of agreement among malaria experts from various countries as to how the disease should be fought. Dr. Russell got these men together and it became apparent that their differences were the result of differences in the life habits of the vector in various regions, and in differences in the virulence of parasites and immune reactions of hosts from one geographic area to another. It was discovered that the control of malaria is a local problem; that the disease must be fought by local rules and that for success it is necessary that one learn "to think like a mosquito."

In the fight against yellow fever Dr. Russell directed the far flung battle line of the International Health Board in South America and Africa. Knowing that without research there is no progress, he established research laboratories both at front and at base. Significant advances were made under his leadership. Stokes, Bauer and Hudson, of his staff, confirmed the work of Walter Reed and his collaborators, done in Havana in 1901, and further provided

an experimental approach by transmitting the disease to rhesus monkeys. This led to the isolation of the virus, and paved the way for the development of a safe protective vaccination. At New York a virus laboratory was established which demonstrated the identity of the South American and African yellow fever.

I myself have come under the spell of Dr. Russell's sparkling intellect, lively humor and glowing friendliness only since he came in the afternoon of his life—rather early afternoon I should guess, judging by his activity—in 1935 to teach preventive medicine and epidemiology at Harvard. I have heard him lecture on malaria, yellow fever, typhoid, even on scientific privy building. On all of these subjects he is eloquent. On any subject he is worth listening to. I have broken bread with him, and he has accompanied me on ward rounds. At the bedside, any patient with a fever is a proper stimulus to him and when he is thus stimulated there is forthcoming a flow of erudition of a sort quite refreshing to students surfeited with what we mere clinicians can give them.

And now, dear sir, here is the medal, which goes to you with the admiration and esteem of your fellow physicians, and here also is a document which bears testimony to the fact that you came by it honestly.

HENRY ASBURY CHRISTIAN PRIZE

Remarks of Dr. Christian on the Presentation of the Henry Asbury Christian Prize at Vanderbilt Hall, Harvard Medical School, February 29, 1940.

Mr. Dean, Members of the Faculty and Students of the Harvard Medical School:

Today it is my pleasure to present a University prize and to make a personal gift. The pleasure is all the greater because the recipient to be is the son of one of my first Boston friends.

My altogether delightful and inspiring teacher, William Osler, told "the secret of life as I have seen the game played and as I tried to play it myself" in a splendid address entitled "The Master Word in

Medicine" and to you students I pass on in part what he said, hoping that you may go some day soon to our Library and seek out all of the message in that address.

"Though a little one, the master-word looms large in meaning. It is the open sesame to every portal, the great equalizer in the world, the true philosopher's stone which transmutes all the metal of humanity into gold. The stupid man among you it will make bright, the bright man brilliant, and the brilliant student steady. With the magic word in your heart all things are possible, and without it all study is vanity and vexation . . . and the master-word is WORK, a little one, as I have said, but fraught with momentous consequences if you can write it on the tables of your heart and bind it on your forehead."

Because so far, you, John Gordon Scannell, have written on your heart and bound on your forehead the master-word, WORK, I, looking at medicine from the happy period of retirement, hand to you, just on the threshold of joyous, independent medical work, the Henry Asbury Christian Prize, made possible by a gift to the University from a devoted and beloved pupil of mine, Samuel A. Levine, who by reason of the master-word, WORK, has risen to eminence in his chosen field.

To you, John Gordon Scannell, I present, too, from my own library this volume, "*La Vie de Pasteur*," on whose fly-leaf I have pasted a note from the son of the author, a grandson of Louis Pasteur. "Au meilleur eleve de la classe superieure d'Harvard Medical School, cette Vie de Pasteur ecrite par mon pere. Avec tous mes vœux pour la carriere medicale. Pasteur Val-lery-Radot." This volume I have selected because Louis Pasteur too is an exemplar of the accomplishment possible to him that takes the master-word, WORK, and makes it his own; of him Osler said in connection with the master-word, "While in the hands of Pasteur, it proved a very talisman to open to us a new heaven in medicine and a new earth in surgery."

And now, John Gordon Scannell, may

this auspicious beginning of your medical work carry you far, as I am sure it will, in a successful life in "the merciful calling of medicine".

(Editor's Note: The Prize was founded by Samuel A. Levine, '14, in honor of Dr. Christian. The first award was made in 1938. The Prize is given to a member of the Senior Class of the Harvard Medical School who has been deemed by competent authority to have "displayed diligence and notable scholarship in his studies and offers promise for the future").

BOOK REVIEW

THE ELECTROCARDIOGRAM IN CONGENITAL CARDIAC DISEASE, by Maurice A. Schnitker, M.D. A Study of 109 cases, 106 with autopsy. Harvard University Press, Cambridge, Mass. \$3.00.

Dr. Schnitker's book offers more than the title would indicate. In addition to a correlation of electrocardiographic and autopsy findings it contains an excellent brief description of the clinical signs encountered in most of the recognized types of congenital heart disease. Indeed to many physicians the chief value of the book will be its discussion of the clinical features of the subject rather than the electrocardiogram which is of relatively little importance in this field.

It is to be hoped that Dr. Schnitker will be encouraged by this good beginning to go further and fill a long-felt want for a definitive work on congenital heart disease embracing the embryological, clinical, radiological and electrocardiographic points of view.

JAMES M. FAULKNER, '24.

NECROLOGY

'81—HENRY CLARKE COE died at Washington, D. C., April 21, 1940.

'81-'82—CURTIS ALLEN TUCKER is reported dead.

'88-'89—WALTER JAMES CAVANAGH is reported dead.

'98—WALTER JOHN LEO O'BRIEN died at Jamaica Plain, Mass., May 3, 1940.

'11—VICTOR VERANUS THOMPSON is reported dead.

'13—HOWARD EDWIN RUGGLES died at San Francisco, December 28, 1939.

'15—MARTIN WILLIAM PECK died at Boston, Mass., May 7, 1940.

'18—FRANCIS JERVOIS CALLANAN died at Boston, April 21, 1940.

ALUMNI NOTES

'95—Augustus W. Dudley has moved his office from 1740 Massachusetts Ave. to 12 Linnaean St., Cambridge.

'95—Elliott P. Joslin has been appointed honorary chairman of the Division of Medicine and Public Health of the President's Committee on University Development at Yale. He succeeds the late Harvey Cushing, '95.

'99—James F. Hall writes, "I have had continuous service in the Army Medical Corps since 1901. Am now on the retired list of the army and living close to Washington across the Potomac in Virginia."

'00—Frederick T. Lord, Clinical Professor of Medicine, Emeritus, at the Harvard Medical School, is the author of a book, "Chemotherapy and Serum Therapy of Pneumonia," written in collaboration with Dr. Elliott S. A. Robinson, Assistant Professor of Applied Immunology at the Harvard Medical School, and Roderick Heffron, '28. The book is published by the Commonwealth Fund, New York.

'01—Eliot Alden was recently made a member of the American Board of Surgery.

'03—Fred H. Albee was the principal guest at a dinner given at the Essex Hotel in Newark on February 21 as a testimonial to his twenty years' gratuitous service as chairman of the Rehabilitation Commission of the State of New Jersey. The dinner was arranged under the joint auspices of the Commission and the New Jersey State Department of Labor. More than 650 guests, including numerous State officials, were present. An elaborate Tiffany silver service was presented to Albee, and Mrs. Albee received a portrait of him. A prominent orthopaedic surgeon, Albee was appointed to the Commission when it was organized in 1919 and has been its chairman ever since. He lives in Colonia, N. J., where his services at the U. S. Army Base Hospital No. 3 during the World War won national acclaim. He has received decorations and citations from numerous foreign countries in recognition of his outstanding work in surgery.

'03—Philip H. Cook of Worcester, Mass., has been elected a member of the American College of Radiology.

'04—William E. Eaton is a captain in the medical corps of the United States Navy and now has command of the U. S. Naval Hospital, Great Lakes, Ill., where he reported for duty on May 31, 1939.

'05—Nathaniel W. Faxon is a member of the budget committee of the Community Federation of Boston.

'11—James H. Means was recently elected vice-

